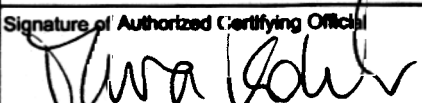


FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned By Federal Agency		OMB Approval No. 0348-0038	Page of 1 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Alaska Village Electric Cooperative, Inc. 4831 Eagle Street, Anchorage, Alaska 99503-7497					
4. Employer Identification Number 920035763		5. Recipient Account Number or Identifying Number 97G03002		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)	
To: (Month, Day, Year)		To: (Month, Day, Year)			
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays			2,013,014.00	2,013,014.00	
b. Recipient share of outlays			217,122.00	217,122.00	
c. Federal share of outlays			1,795,892.00	1,795,892.00	
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share(Sum of lines c and f)				1,795,892.00	
h. Total Federal funds authorized for this funding period				1,795,892.00	
i. Unobligated balance of Federal funds(Line h minus line g)				0.00	
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Installation of modular diesel power plant in Selawik, Alaska					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Meera Kohler, President and CEO			Telephone (Area code, number and extension) (907) 565-5531		
Signature of Authorized Certifying Official 			Date Report Submitted November 18, 2005		

NSN 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

#263